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PTO/SB/17 (10-08)
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- 140	Complete if Known										
		riations Act, 2005 (H.R. 4818).	Application Number	10/666,399							
OF TOP EEE.		SMITTAL	Filing Date	September 18, 2003							
ぬ ^{めた}			First Named Inventor	Michael S. Leung, et al.							
` 	e emall antity state	us. See 37 CFR 1.27	Examiner Name	Abul Kalam							
THE THE STATE OF T			Art Unit	2814							
TOTAL AMOUNT O	F PAYMENT (\$) 1,300.00	Attorney Docket No.	P0298US	S-7						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 11-1580 Deposit Account Name: Steven C. Patrick											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATI	FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
	FILING	FEES SEAR Small Entity		MINATION							
Application Type		Fee (\$) Fee (\$	Small Entity 5) Fee (\$) Fee	/A\	Entity (\$) Fe	es Paid (\$)					
Utility	330	165 540	270 22	0 11	0						
Design	220	110 100	50 14	0 7	0						
Plant	220	110 330	165 17	0 8	5						
Reissue	330	165 540	270 65	0 32	.5						
Provisional	220	110 0	0	0	0						
2. EXCESS CLAIM FEES Small Entity											
Fee Description Each claim ove	er 20 (including	Reissues)				6					
Each independent claim over 3 (including Reissues) 220 110											
Multiple depen			=a.		390 19	-					
<u>Total Claims</u> 43 - 43 o	Extra Cla	<u>ims Fee (\$) Fe</u> x 52.00 =	e Paid (\$) 0.00	_	ultiple Depender Fee (\$) Fe	nt Claims e Paid (\$)					
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Indep. Claims	Extra Cla		e Paid (\$)								
55 or HP =0x220.00 =0.00 HP = highest number of independent claims paid for, if greater than 3.											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
100 = / 50 = (round up to a whole number) x =											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)											
Other (e.g., late filing surcharge): RCE Fee: \$810; Petition for Two-Month Extension: \$490 1,300.00											
SUBMITTED BY											
Signature	20 P/A		Registration No. (Attorney/Agent) 58,688		Telephone (805)	373-0060					
-	ame (Print/Type) Brian J. Philpott			· · · · · · · · · · · · · · · · · · ·	Date February 5, 2009						

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective Fees pure ant to the Consolidate	on 12/08/2004. d Appropriations /	Act, 2005 (H.R. 4818).	Complete if Known							
	_ :: -:	ITTAL	Application Number	10/666,39						
I A E LOUG IIII			Filing Date	September 18, 2003						
P° 🐉 For	FY 2009	•	First Named Inventor	Michael S. Leung, et al.						
Apparant claims small er	ntity status. See	37 CFR 1.27	Examiner Name	Abul Kala	am					
MADEN	- 1		Art Unit	2814						
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METHOD OF PAYMENT (check all that	apply)								
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✓ Deposit Account Dep	osit Account Num	ber: <u>11-1580</u>	Deposit Account N	lame: Steve	<u>en C. Patrick</u>	· · · · · · · · · · · · · · · · · · ·				
For the above-identifie	d deposit accou	nt, the Director is he	reby authorized to: (chec	k all that ap	ply)					
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under 37 CFR 1	1.16 and 1.17		s.sa a, s			credit card				
information and authorization or				0.0000 0 0						
FEE CALCULATION										
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Application Type	Fee (\$) Fee				(\$)	Fees Paid (\$)				
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2. EXCESS CLAIM FEES	;			-		l Entity				
Fee Description Each claim over 20 (inc	cludina Reissi	160)		Σ	<u>'ее (\$) </u>	<u>е (\$)</u> 26				
Each independent claim						110				
Multiple dependent cla		,			390	195				
Total Claims E		e Paid (\$)	_	ultiple Depend						
43 - 43 or HP = HP = highest number of total cl	0 X		0.00		Fee (\$) <u>F</u>	ee Paid (\$)				
Indep. Claims <u>E</u>	Extra Claims	Fee (\$) Fe	e Paid (\$)	_	 -					
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SUBMITTED BY					I					
Signature 3	Phus	_	Registration No. (Attorney/Agent) 58,688		Telephone (80	5) 373-0060				
Name (Print/Type) Brian J. Philpott Date February 5, 2009										

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